



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION III  
6TH AND WALNUT STREETS  
PHILADELPHIA, PENNSYLVANIA 19106

EPA I.D. # PAD000800680

January 2, 1981

Hamilton Technology, Inc.  
Mr. Glenn Staudt  
P.O. Box 4787  
Lancaster, Pa. 17604

Re: Acknowledgment of Application for  
a Hazardous Waste Permit

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown above; and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

Please print or type in the unshaded areas only  
(fill-in areas are spaced for elite type, i.e., 10 characters/inch).

Form Approved OMB No. 158-S80004

FORM <b>3</b> RCRA		<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	<b>I. EPA I.D. NUMBER</b>									
			F PAD000800680									

<b>FOR OFFICIAL USE ONLY</b>														
APPLICATION APPROVED					DATE RECEIVED (yr., mo., & day)					COMMENTS				
23					24					29				

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
80	09	15

**B. REVISED APPLICATION** (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C															DUP															T/A C															I														
1 2															13 14 15															16 17 18 19															20 21 22 23 24 25 26 27 28 29 30 31 32														
LINE NUMBER		A. PRO- CESS CODE (from list above)		B. PROCESS DESIGN CAPACITY											FOR OFFICIAL USE ONLY		LINE NUMBER		A. PRO- CESS CODE (from list above)		B. PROCESS DESIGN CAPACITY											FOR OFFICIAL USE ONLY																											
				1. AMOUNT (specify)																	1. AMOUNT																																						
				2. UNIT OF MEA- SURE (enter code)																	2. UNIT OF MEA- SURE (enter code)																																						
X-1		S 0 2		600											G		5																																										
X-2		T 0 3		20											E		6																																										
1		S01		10000											L		7																																										
2		T01		196000											V		8																																										
3		T04		54000											V		9																																										
4																	10																																										



Please print or type in the unshaded areas only  
(fill-in areas are spaced for elite type, i.e., 10 characters/inch).

Form Approved OMB No. 158-S80004

<b>FORM</b> <b>3</b> <b>RCRA</b>		<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>HAZARDOUS WASTE PERMIT APPLICATION</b> <i>Consolidated Permits Program</i> (This information is required under Section 3005 of RCRA.)	<b>I. EPA I.D. NUMBER</b>											
			F PAD000800680											
			13 14 15											

**FOR OFFICIAL USE ONLY**

<b>APPLICATION APPROVED</b>	<b>DATE RECEIVED</b> (yr., mo., & day)	<b>COMMENTS</b>
23	24	
25	26	

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

<input checked="" type="checkbox"/> <b>1. EXISTING FACILITY</b> (See instructions for definition of "existing" facility. Complete item below.)	<input type="checkbox"/> <b>2. NEW FACILITY</b> (Complete item below.)												
<table border="1"><tr><td>YR.</td><td>MO.</td><td>DAY</td></tr><tr><td>80</td><td>09</td><td>15</td></tr></table> <p>FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., &amp; day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)</p>	YR.	MO.	DAY	80	09	15	<table border="1"><tr><td>YR.</td><td>MO.</td><td>DAY</td></tr><tr><td></td><td></td><td></td></tr></table> <p>FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., &amp; day) OPERATION BEGAN OR IS EXPECTED TO BEGIN</p>	YR.	MO.	DAY			
YR.	MO.	DAY											
80	09	15											
YR.	MO.	DAY											

**B. REVISED APPLICATION** (place an "X" below and complete Item I above)

<input type="checkbox"/> <b>1. FACILITY HAS INTERIM STATUS</b>	<input type="checkbox"/> <b>2. FACILITY HAS A RCRA PERMIT</b>
----------------------------------------------------------------	---------------------------------------------------------------

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S												T/A C																																			
C												1																																			
1 2												13 14 15																																			
<b>LINE NUMBER</b>	<b>A. PRO- CESS CODE</b> (from list above)	<b>B. PROCESS DESIGN CAPACITY</b>										<b>FOR OFFICIAL USE ONLY</b>	<b>LINE NUMBER</b>	<b>A. PRO- CESS CODE</b> (from list above)	<b>B. PROCESS DESIGN CAPACITY</b>										<b>FOR OFFICIAL USE ONLY</b>																						
		<b>1. AMOUNT</b> (specify)					<b>2. UNIT OF MEAS- URE</b> (enter code)								<b>1. AMOUNT</b>					<b>2. UNIT OF MEAS- URE</b> (enter code)																											
X-1	S 0 2	600					G						5																																		
X-2	T 0 3	20					E						6																																		
1	S01	10000					L						7																																		
2	T01	196000					V						8																																		
3	T04	54000					V						9																																		
4													10																																		
16 - 18 19												27												28												29 - 32											

**NOTE:** Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY																			
S													T/A	C	S													T/A	C			
W	P	A	D	0	0	0	8	0	0	6	8	0		1	W	DUP													2	DUP		
1	2											13	14	15	1	2											13	14	15	23	24	

[illegible]

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

<b>EPA I.D. NO.</b> (enter from page 1)															
S												T/A	C		
F	PAD000800680												6		
1	2											13	14	15	

## V. FACILITY DRAWING

## VI. PHOTOGRAPHS

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
40			02			28	N			076			18			22	W		
65	66		67	68		69	-	71		72	-	74	75	76		77	-	79	

## VIII. FACILITY OWNER


- ☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

**B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:**

1. NAME OF FACILITY'S LEGAL OWNER										2. PHONE NO. (area code & no.)											
Lancaster Industrial Development Authority and HMW Ind., ATIMA										717 - 299 - 6311											
3. STREET OR P.O. BOX										4. CITY OR TOWN					5. ST.		6. ZIP CODE				
901 Columbia Ave.										Lancaster					PA		17604				

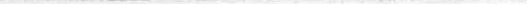
## IX. OWNER CERTIFICATION

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

<b>A. NAME (print or type)</b> Kenneth R. Bernhardt Vice-President HMW/Ind.	<b>B. SIGNATURE</b> 	<b>C. DATE SIGNED</b> 11-19-80
-----------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------	-----------------------------------

## X. OPERATOR CERTIFICATION

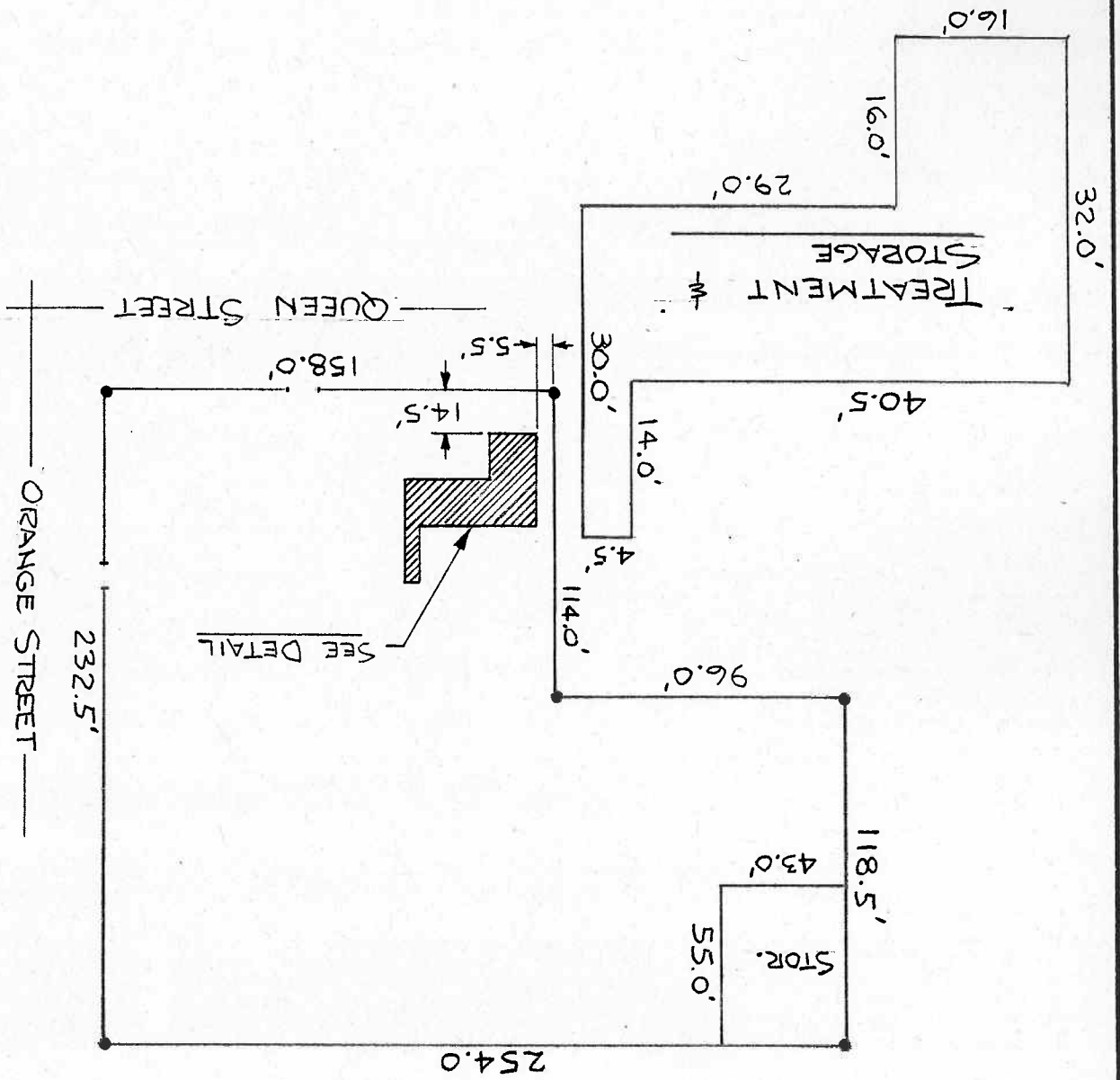
*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Kenneth R. Bernhardt President		11-19-80



WASTE PIT DETAIL  
SCALE: 1" = 16'

SCALE: 1" = 60'



Please print or type in the unshaded areas only.  
(fill-in areas are spaced for elite type, i.e., 10 characters/inch).

Form Approved OMB No. 158-R0175

<b>FORM 1</b> <b>GENERAL</b>		<b>EPA</b>		<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permit Program</i> (Read the "General Instructions" before starting.)		<b>I. EPA I.D. NUMBER</b> F PAD000800680	
<b>LABEL ITEMS</b>						<b>GENERAL INSTRUCTIONS</b>	
<b>I. EPA I.D. NUMBER</b>						<p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space list the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>	
<b>III. FACILITY NAME</b>							
<b>V. FACILITY MAILING ADDRESS</b>							
<b>VI. FACILITY LOCATION</b>							
				<b>PLEASE PLACE LABEL IN THIS SPACE</b>			

## II. POLLUTANT CHARACTERISTICS

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

## III. NAME OF FACILITY

1	SKIP	HAMILTON TECHNOLOGY, INC
---	------	--------------------------

## IV. FACILITY CONTACT

<b>A. NAME &amp; TITLE (last, first, &amp; title)</b>		<b>B. PHONE (area code &amp; no.)</b>		
2	STAUDT, GLENN CHEMIST	717	299	2581

## V. FACILITY MAILING ADDRESS

<b>A. STREET OR P.O. BOX</b>			
3	P. O. Box 4787		
<b>B. CITY OR TOWN</b>		<b>C. STATE</b>	<b>D. ZIP CODE</b>
4	Lancaster	Pa	17604

## VI. FACILITY LOCATION

<b>A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</b>			
5	101 N. Queen St.		
<b>B. COUNTY NAME</b>			
Lancaster			
<b>C. CITY OR TOWN</b>		<b>D. STATE</b>	<b>E. ZIP CODE</b>
6	Lancaster,	Pa.	17604

CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
7 3489 (specify)	Ordinance and Assembly	7 3541 (specify)	Machine Tools
C. THIRD		D. FOURTH	
7 NA (specify)		7 NA (specify)	

## VIII. OPERATOR INFORMATION

A. NAME		B. Is the name listed in item VIII-A also the owner?	
8 HAMILTON TECHNOLOGY, INC.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)		717 299 2581	
E. STREET OR P.O. BOX			
P.O. Box 4787			
F. CITY OR TOWN		G. STATE	H. ZIP CODE
Lancaster,		PA.	17604
		IX. INDIAN LAND	
		Is the facility located on Indian lands?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
9 N NA		9 P NONE	
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
9 U NA		28249 (specify) Sewer, City of Lancaster, Pa.	
C. RCRA (Hazardous Wastes)		F. OTHER (specify)	
9 R NONE		9 NA (specify)	

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Hamilton Technology, a company of approximately 650 employees, is a recognized leader in the design, engineering, and manufacturing of precision ordnance devices and components. They include time fuze mechanisms, safety and arming devices, point detonating fuzes, sensing devices, timers, and programmers. We've made major contributions to ordnance programs for missiles, rockets, tube fired projectiles, mortars, mines, demolition timing devices, air-dropped canister systems, and other ordnance specialties.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Kenneth R. Bernhardt President	<i>Kenneth R. Bernhardt</i>	11-19-80

## COMMENTS FOR OFFICIAL USE ONLY

--	--